

ELECTRONIC FINGERPRINT RELEASE FORM

Section 1: Applicant Information and Consent

I authorize the North Carolina Judicial Branch, through the State Bureau of Investigation, Criminal Information and Identification Section, and the Federal Bureau of Investigation to perform a state and national criminal record check in connection with my application for employment or current employment or service as a contractor with the Judicial Branch pursuant to NCGS §143B-950.

I understand the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and the Federal Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the Judicial Branch, and I hereby release the Judicial Branch and its authorized representatives from any and all liability that may be incurred as a result of furnishing such information. I understand the Judicial Branch cannot provide a hard copy of the results of this criminal record check to me.

Print Name:	Position:
Signature:	Date:
I am a (check one):	ent ☐ Current Employee ☐ Contractor
Section 2: Hiring Manager Authorization	
authorize the above-named subject to be fingerprisubmitted to the State Bureau of Investigation.	nted and to have the fingerprints electronically
Print Name:	Title:
Signature:	Date:
Office Address:	Phone:
Section 3: LiveScan Operator Certification	1
certify I have taken the fingerprints of the above-new State Bureau of Investigation, Criminal Informat	
I sent a completed, signed copy of this form Fax: (919) 890-1905. Mail: PO Box 2448, Ral	<u> </u>
I returned the original of this form to the ab	ove-named subject as confirmation of completing

Title:

Date:

Print Name:

Signature:

the fingerprint process.